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ATTN. Hięp T. Nguyen

Fax Number 1 571 273 8300

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FROM Volet Emile, Esq.

Fax Number (512) 306-0240

Phone Number (512) 306-7969

SUBJECT Response to 1st Action (10/682,413)

Number of Pages 16

Date 1/6/2006

MESSAGE

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PTO/SB/21 (02-04)

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TRANSMITTAL FORM <small>(To be used for all correspondence after initial filing)</small>		Application Number 10-682,413
		Filing Date 10/09/2003
		First Named Inventor Susan Marie Keohane
		Art Unit 2187
		Examiner Name Hiep T. Nguyen
Total Number of Pages in This Submission		Attorney Docket Number AUSUB20030526US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name <i>Volei Emile</i>	Signature
Date 01/06/2006	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name <i>Volei Emile</i>	Date 01/06/2006
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which it is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form under suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 06 2006

DOCKET NUMBER: AUS920030526US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:
 Susann Marie Kechane
 Serial No: 10/682,413
 Filed: 10/09/2003
 Title: SYSTEM AND METHOD OF
 SERVICING READ REQUESTS FROM A
 COMMON MIRROR

: Before the Examiner:
 : Hiep T. Nguyen
 : Group Art Unit: 2187
 : Confirmation No.: 3447
 :

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required

 The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	24	MINUS	24	= 0	x 50 = \$ 0.00
Indep.	6	MINUS	6	= 0	x 200 = \$ 0.00
		1st Presentation of Multiple Dep. Claim		x 360 =	\$ 0.00
				TOTAL	\$ 0.00

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 A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

- Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

By:

Volel Emile
 Registration No. 39,969
 (512) 306-7969

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Appl. No. 10/682,413
Amdt. dated 01/06/2006
Reply to Office Action of 10/06/2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:
Susann Marie Keohane :
Serial No: 10/682,413 : Before the Examiner:
Filed: 10/09/2003 : Eliep T. Nguyen
Title: SYSTEM AND METHOD OF : Group Art. Unit: 2187
SERVICING READ REQUESTS FROM : Confirmation No.: 3447
A COMMON MIRROR :
:

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AMENDMENT A

Commissioner for Patients
P.O. Box 1450
Alexandria, VA 22313-1450

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In response to the Office Action of October 30, 2003,
please amend the above-identified Application as shown
below and consider the following Remarks.

A listing of the pending CLAIMS begins on page 2 of this paper.

Remarks begin on page 10 of this paper.

AUS920030526US1

Page 1 of 13

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